

Oxford House Florida Reentry Association Move-in Fee Application

Name of Applicant

Move-in Date:

Oxford House Name & Address, City:

House President

Name:

Contact Number:

Date of Incarceration:

Release Date:

Reason for needing assistance :

Action Plan: (describe what you are doing to become financially stable)

Person Completing this form:

Full Name:

Date Completed:

Please forward this document to re-entry@oxfordhouse.us